



**State Excise Police, Gaming Agent, Gaming Control Officer
and Conservation Enforcement Officers' Retirement Plan**

PRIVACY NOTICE

Your Social Security Number is requested by this agency in accordance with the requirements of the Internal Revenue Code. Disclosure is mandatory; this form will not be processed without this information.

Membership Record

State Form 11403 (R/11-05)

INSTRUCTIONS:

1. Please TYPE or PRINT. Use black ink.
2. Complete all information. Remember to put your name and Social Security Number at the top of every page.
3. Return the completed form directly to the State Excise Police, Gaming Agent, Gaming Control Officer and Conservation Enforcement Officers' Retirement Plan at 143 W. Market Street, Indianapolis, IN 46204.

To the Board of Trustees, Public Employees' Retirement Fund of Indiana: I submit the following information and hereby agree to make contributions as required by law.

Step 1: MEMBER INFORMATION

Social Security Number ____ - ____ - ____		Date of Birth (MM/DD/YYYY)	
First Name	MI	Last Name	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
Address			
City		State	ZIP Code
Day Phone	Evening Phone		E-mail Address
Department		Beginning Date of Employment	

Step 2: FAMILY DATA

Spouse	Date of Birth (MM/DD/YYYY)
Dependent	Date of Birth (MM/DD/YYYY)
Dependent	Date of Birth (MM/DD/YYYY)
Dependent	Date of Birth (MM/DD/YYYY)
Dependent	Date of Birth (MM/DD/YYYY)
Dependent	Date of Birth (MM/DD/YYYY)

Member Name (Last, First, Middle Initial)

Social Security Number
- - - - -

Step 3: SERVICE DATA

List below all service rendered as a Conservation Officer, Gaming Agent, Gaming Control Agent or Excise Police Officer.

Name of Department	Name of Position	Start Date	End Date

CERTIFICATION:
I hereby certify that the service listed is correct to the best of my knowledge and belief.

Signature of Employee

Date

Member Name (Last, First, Middle Initial)

Social Security Number

____ - ____ - ____

Step 4: DESIGNATION OF BENEFICIARY

INSTRUCTIONS: If a surviving widow, parent or child under 18 years of age is nominated as a beneficiary, he or she may be entitled to survivor benefits. It is important that you nominate **one** primary beneficiary and **one** contingent beneficiary.

DESIGNATION: In accordance with the provisions of the act governing the State Excise Police, Gaming Agent, and

Conservation Officers' Retirement Plan, I HEREBY NOMINATE _____
(Full name of beneficiary)

whose address is _____
(City) (State) (Zip)

related to me as _____, as my beneficiary under the retirement fund.
(Relationship, if any)

I HEREBY NOMINATE _____
(Full name of contingent beneficiary)

whose address is _____
(City) (State) (Zip)

related to me as _____, as my contingent beneficiary under the retirement fund.
(Relationship, if any)

If the beneficiary herein nominated shall survive me, he or she shall receive all funds due from my participation in the State Excise Police, Gaming Agent, Gaming Control Officer and Conservation Officers' Retirement Plan. If the beneficiary shall not survive me, then the contingent beneficiary shall receive such funds. If neither survive me, then the beneficiary shall be my estate. I reserve the right to change the beneficiary or contingent beneficiary at any time by filing written notice of such change, duly witnessed, with the Board of Trustees of the Public Employees' Retirement Fund of Indiana.

Signature of Employee

Step 5: CERTIFICATE OF PRESENT EMPLOYER

I hereby certify that, according to evidence submitted to me, the foregoing statements and record of service listed is correct to the best of my knowledge and belief.

Signed (Authorized Agent)

Date (MM/DD/YYYY)

Printed Name (Authorized Agent)

Title